

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Richmond Division**

In re:	:	Chapter 11
Circuit City Stores, Inc., <i>et al.</i> ,	:	Case No. 08-35653 (KRH)
Debtors.	:	

**RESPONSE TO DEBTORS' THIRTY-THIRD OMNIBUS OBJECTION TO CLAIMS
(MODIFICATION AND/OR RECLASSIFICATION OF CERTAIN CLAIMS)**

COMES NOW, Sensormatic Electronic Corporation ("Sensormatic"), by the undersigned counsel, and for its response to *Debtors' Thirty-Third Objection to Claims (Modification and/or Reclassification of Certain Claims)* (the "Objection"), states as follows:

1. The Debtors have filed an Objection to Claim No. 6317 filed by Sensormatic Electronic Corporation.
2. With respect to the \$85,818.45 portion of the claim which the Debtors seek to reclassify as unsecured, this amount represents unpaid lease payments due on equipment for which the leases had \$1.00 buy-outs at the expiration of the term of the leases. The equipment was never returned to Sensormatic.

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C. Thomas Ebel, Esquire – VSB # 18637
Ashley Burges, Esquire – VSB # 67998
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801 East Main Street, Suite 1800
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Fax: (804) 783-7291

And

Alvin S. Goldstein – FSB # 993621
FURR AND COHEN, P.A.
2255 Glades Road
One Boca Place, Suite 337W
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Attorneys for Sensormatic

3. The obligations were secured by validly filed UCC-1 Financing Statements, copies of which are attached hereto as **EXHIBIT A**.

4. With respect to the secured claim on the equipment for the Merriam, Kansas store, the equipment was returned and the balance of the secured claim should be reduced by \$11,227.60.

WHEREFORE, Sensormatic Electronic Corporation respectfully requests the Court overrule the Objection, and for such other and further relief as may be just and proper under the circumstances.

Respectfully Submitted,

SENSORMATIC ELECTRONIC CORPORATION

By Counsel

/s/ William A. Gray

William A. Gray, Esquire – VSB #46911

C. Thomas Ebel, Esquire – VSB # 18637

Ashley Burgess, Esquire – VSB # 67998

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Counsel for Sensormatic Electronic Corporation

CERTIFICATE OF SERVICE

I hereby certify that on this 15th day of September, 2009, a true and accurate copy of the foregoing was electronically filed with the Clerk of the Bankruptcy Court for the Eastern District of Virginia, Richmond Division, using the CM/ECF system, which thereby caused the above to be served electronically on all registered users of the ECF system that have filed notices of appearance in this matter, and was mailed, by U.S. Mail, first class, postage prepaid, to all persons on the Service List below:

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U.S. Trustee's Office

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Unsecured Creditors*

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Pachulski Stang Ziehl & Jones, LLP
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*Counsel for the Official Committee of
Unsecured Creditors*

/s/ William A. Gray

EXHIBIT A

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 11442 SENSORMATIC EL CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 15876132 VAVA	

081003 7114-1

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME CIRCUIT CITY STORES INC				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 9950 MAYLAND DRIVE		CITY RICHMOND	STATE VA	POSTAL CODE 23233
1d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION CORPORATION	1f. JURISDICTION OF ORGANIZATION VA
			1g. ORGANIZATIONAL ID #, if any 0059931	<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
2d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION
				2g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME Sensormatic Electronics Corporation				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS One Town Center Road		CITY Boca Raton	STATE FL	POSTAL CODE 33486
				COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

All equipment, related components and other goods of any type or description (including, without limitation, all systems, tags, detachors, doublecheckers, deactivators, domes, VCRs, drones, junction boxes, controllers, switches, multiplexers), whether now owned or leased by or in the possession of the debtor or hereafter acquired or leased by or in the possession of the debtor, in each case now or hereafter provided by Sensormatic Electronics Corporation, and all proceeds thereof, including any insurance proceeds. REF CUST ID 207204

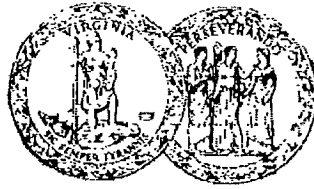
5. ALTERNATIVE DESIGNATION (if applicable)		<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAIOLR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	
8. OPTIONAL FILER REFERENCE DATA							
15876132		001		202704			

MARK C. CHRISTIE
COMMISSIONER

JAMES C. DIMITRI
COMMISSIONER

JUDITH WILLIAMS JAGDMANN
COMMISSIONER

COMMONWEALTH OF VIRGINIA



JOEL H. PECK
CLERK OF THE COMMISSION
P.O. BOX 1197
RICHMOND, VIRGINIA 23218-1197

STATE CORPORATION COMMISSION
Office of the Clerk

October 6, 2008

CT LIEN SOLUTIONS
PO BOX 29071
GLENDALE, CA 91209-9071

RE: CIRCUIT CITY STORES INC
DCN/FILE NO: 08-10-03-7114-1

Dear Customer:

This is your receipt for \$20.00 covering the fees for filing an original financing statement with this office.

The effective date of the filing is October 3, 2008 at 11:08 AM.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck
Clerk of the Commission

FSACCEPT
FSO
CISEMS

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address) UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071 15876131 DE, Secretary of State	

UCC Direct Services
Representation of filing

This filing is Completed
File Number : 20083333810
File Date : 01-OCT-2008

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION NAME CIRCUIT CITY STORES INC						
OR	1b. INDIVIDUAL LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
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1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Corporation	1f. JURISDICTION OF ORGANIZATION VA		1g. ORGANIZATIONAL ID#, if any 0059931 <input type="checkbox"/> NONE	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION NAME						
OR	2b. INDIVIDUAL LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE	

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REF CUST ID 207204

5. ALTERNATE DESIGNATION (if applicable): <input type="checkbox"/> LESEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG LIEN <input type="checkbox"/> NON-UCC FILING	
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS <input type="checkbox"/> Attach Addendum (if applicable) <input type="checkbox"/> Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2	
8. OPTIONAL FILER REFERENCE DATA 202704 33019463	

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